



# SCHOOL BUS PRE-TRIP INSPECTION

District / Carrier \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_

Driver \_\_\_\_\_

	CHECKED		CHECKED		
	YES	NO	YES	NO	
<p><b>ENGINE COMPARTMENT:</b></p> <p>Oil level <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Auto transmission fluid level <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Alternator <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Belts and hoses <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Coolant level <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Water pump <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Air compressor (air brakes) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Master cylinder (hydraulic) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Check for leaks <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Steering gear box &amp; hoses <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Steering linkage (Left/Right) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Power steering fluid <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p><b>EXTERNAL INSPECTION:</b></p> <p>Lights (signals, stop, headlights, clearance, ID lamps, side markers, license plate lamp, back up lights) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8 Way lamp system <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Entrance door and mirrors <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Windshield(s) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Window glass <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Reflectors <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Fuel tank and cap <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Wheel (lugs, rims, spacers, tires) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Wheel flaps (if equipped) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Springs, shock absorbers <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Spring mounts (including u-bolts, front &amp; rear axles) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Hub oil seals (front &amp; rear) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Brakes (drums, rotators, linings) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Brakes (<u>Hydraulic</u>) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Service, parking, electric assist <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Brake (<u>Air</u>) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>slack adjusters, chambers, hoses, parking <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Drive shaft <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Frame <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			<p><b>AIR BRAKE SYSTEM:</b></p> <p>Air leak check (1 minute test) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Low air warning (buzzer/ light) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Emergency brake system engaged <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Parking brake <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Service brake <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p><b>INTERNAL INSPECTION:</b></p> <p><i>*Engine running, parking brake applied*</i></p> <p>Oil pressure builds <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Ammeter/voltmeter <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Fuses / breakers / <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Lighting indicators (turn signal, 4 way flashers, headlamp, brake lamp, park brake lamp, 8 way lamp system check) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Fuel gauge functional <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Driver seatbelt <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Horn <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Heater/defroster <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Mirrors properly adjusted <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Windshield wipers / washers <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Safety/emergency equipment <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>fire extinguisher <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>reflective triangles <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>first aid, body fluids cleanup kits <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>seat belt cutter - if applicable <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Seats <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p><b>EMERGENCY EXITS:</b></p> <p>door(s) / latch(s) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>windows (operational / buzzer) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>roof hatches (operational / buzzer) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p><b>WHEELCHAIR</b></p> <p>Anchor points, belts, straps, lift inspection, interlock safety system functional <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

Comments / Additional or remedial training performed:



**This is the only form approved by the Minnesota State Patrol**